

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Addiction Services Coordination

PROGRAM ELEMENT:

Client Assessment Team

PROGRAM MISSION:

To provide direct access to substance abuse treatment for a diverse population of adult Montgomery County residents by partnering with a wide range of criminal justice, human service, and substance abuse treatment agencies to coordinate service delivery and facilitate access to care

COMMUNITY OUTCOMES SUPPORTED:

- Individuals and families that achieve their maximum possible level of self-sufficiency
- Children and vulnerable adults who are safe
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
--	----------------	----------------	----------------	----------------	----------------	------------------

Outcomes/Results:

Percentage of clients referred for substance abuse treatment who enter treatment as a result of the referral	NA	46	53	55	56	50
--	----	----	----	----	----	----

Service Quality:

Percentage of clients referred to substance abuse treatment who begin treatment within 30 days	38	46	53	52	56	55
Percentage of people assessed who are identified as needing treatment ^a	NA	68	68	75	69	75

Efficiency:

Average cost per client (\$)	172	175	226	206	239	236
Percentage of Level 1 ^b slots available in the community	60	35	30	30	33	30

Workload/Outputs:

Number of clients assessed	2,783	2,867	2,550	2,850	2,633	2,850
Average utilization rate for Level 1 ^b service providers (%)	40	65	54	70	57	70

Inputs:

Expenditures (\$000) ^c	478	502	576	586	641	672
Workyears ^c	6.5	6.5	6.5	6.5	7.3	7.3

Notes:

^aHigh values for this measure indicate that program staff have done a good job educating the referral sources on whom to refer for assessment.

^bLevel 1 = outpatient substance abuse treatment.

^cExpenditures include only personnel costs. Beginning in FY04, inputs include all relevant administrative and other staff costs.

EXPLANATION:

The Client Assessment Team provides a single point of entry for screening, determination of need, and referral to substance abuse treatment for adult residents with substance abuse disorders and related problems who do not have medical insurance. Therefore it functions as a central point of access into the publicly funded continuum of the care treatment system. Clients are referred from program partners as well as by self-referral. The program supports community-wide public health and public safety efforts by providing access to substance abuse treatment "on demand" at a reduced or affordable cost. The program primarily refers clients to outpatient substance abuse providers who are partially supported by contracts with the County. A future goal of the program will be to increase these providers' ability to retain clients in treatment and reduce their unused capacity, thus improving the efficiency of these contracts. Such an effort should also increase the percentage of clients who actually begin treatment after they are assessed as in need.

Service coordination is supported by the HATS (HIDTA [High Intensity Drug Trafficking Area] Automated Tracking System) management information system and data linkages between agencies. Pressure or persuasion from probation or social service agencies can often be effective in increasing the entry rate for treatment by adults who have low personal levels of motivation.

In FY04, over 2,600 individuals were assessed for addiction issues. Sixty-nine percent of the individuals assessed were identified as needing treatment. Additionally, 56% of the clients referred for substance abuse treatment entered treatment, and did so within 30 days of referral.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Correction and Rehabilitation, Department of Parole and Probation, substance abuse treatment providers, private physical and mental health providers.

MAJOR RELATED PLANS AND GUIDELINES: Maryland Alcohol and Drug Abuse Administration, Federal High Intensity Drug Trafficking Area Initiative, Department of Parole and Probation (for Break the Cycle).

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Addiction Services Coordination

PROGRAM ELEMENT:

Contract Monitoring

PROGRAM MISSION:

To provide for the overall planning, monitoring, evaluation, and service development of the County's continuum of substance abuse treatment to foster a safe, healthy, and supportive community that strives to help persons with dependence on alcohol and other drugs

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Individuals and families achieving their maximum possible level of self-sufficiency
- Children and vulnerable adults who are safe

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of monitored contracts that report outcome measures with improved results	NA	NA	66	60	50	65
Service Quality:						
Percentage of monitored contracts using a customer satisfaction survey that show improved satisfaction	NA	NA	NA	25	50	50
Percentage of monitored contracts using a customer satisfaction survey	10	25	40	76	58	80
Efficiency:						
Average administrative cost for monitoring functions per contract (\$000)	37.8	44.6	33.3	35.4	35.0	36.3
Workload/Outputs:						
Number of contracts monitored	9	8	12	12	12	12
Number of customers served through all monitored contracts ^a	2,578	2,705	3,077	3,000	3,164	3,000
Inputs:						
Total expenditures (\$000) ^b	NA	3,330	3,300	3,651	5,005	4,272
Expenditures for administration (\$000)	340	357	400	425	420	435
Workyears	4.8	4.8	4.8	4.8	4.4	4.8

Notes:

^aThe number of customers served does not include those served through the Dade Bearing Urine Monitoring contract.

^bTotal expenditures include funds awarded by the County, the Alcohol and Drug Abuse Administration, the Federal High Intensity Drug Trafficking Area (HIDTA) Grant, and the Federal Block Grant. These resources fund the delivery of substance abuse treatment services that are not reimbursed by insurance.

EXPLANATION:

Addiction Services Coordination (ASC) is responsible for overseeing a continuum of substance abuse treatment services for adult residents. The oversight of publicly-funded services includes outpatient, residential, case management, psychiatric, and halfway house services. ASC also interfaces and collaborates with consumers, advocates, all service areas within the Department of Health and Human Services, and other public and private providers in the County.

These programs are operated by independent vendors, and progress toward getting them to achieve the County's desired results related to customer satisfaction and improved outcomes has been slow. While the Contract Monitoring Unit works diligently with those who provide care under County contract, the role of this Unit does not include assuring the clinical practices and standards. While the FY04 goal of having 76% of monitored contracts using a customer satisfaction survey was not met, the 58% actual rate is an improvement over the FY03 rate of 40%. The County is moving to performance-based compensation as an incentive to reach desired outcomes in FY05. Also in FY05, all programs will be required to have customer satisfaction surveys in place to meet State requirements.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Juvenile Assessment Center, Community Re-entry Services; Maryland Department of Health and Mental Hygiene; Maryland Department of Parole and Probation; Coalition for the Homeless; Housing Opportunities Commission; providers participating in the Public Mental Health System; County-funded mental health providers; Department of Correction and Rehabilitation.

MAJOR RELATED PLANS AND GUIDELINES: Maryland Alcohol and Drug Abuse Administration, Federal High Intensity Drug Trafficking Area Initiative, Department of Parole and Probation (for Break the Cycle).

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Addiction Services Coordination

PROGRAM ELEMENT:

Urine Monitoring Program

PROGRAM MISSION:

To provide for the accurate, timely, cost-effective collection of urine samples, analysis for illicit drug use, and reporting of results for residents of Montgomery County who are referred for services due to criminal justice, social service, or treatment needs

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Children and adults who are mentally and physically healthy

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of drug tests that were accurate	NA	95	100	99	99.9	99
Service Quality:						
Percentage of urine samples analyzed and results released within 24 hours	81	95	95	95	95	95
Percentage of urine samples analyzed and results transmitted electronically via HATS ^a within 24 hours of sample collection	NA	91	95	95	95	95
Efficiency:						
Average cost per sample analyzed (\$) ^b	6.80	7.23	8.16	7.82	7.60	7.26
Percentage of user agencies linked to HATS ^a for electronic reporting of urine analysis results	45	98	95	95	95	98
Workload/Outputs:						
Number of samples accepted for analysis ^c	77,532	74,384	75,364	82,000	87,920	82,500
Number of agencies linked for electronic results	8	40	50	50	56	52
Inputs:						
Expenditures (\$000) ^b	527	538	615	641	668	599
Workyears ^b	10.0	9.8	10.0	10.0	9.3	8.3

Notes:

^aHATS stands for HIDTA (High Intensity Drug Trafficking Area) Automated Tracking System.

^bExpenditures include only personnel costs. The cost of infrastructure or hardware for HATS is not included (this is Federally funded), nor is the cost of chemicals and materials for assays (from multiple funding sources, including County, State, and Federal grant funds). Reductions in workyears and expenditures for FY04 and FY05 are the result of staff re-deployment.

^cThe number of samples decreased because fewer juveniles participated, and Parole and Probation shortened the time for clients to participate in urinalysis testing. As fewer agencies are projected to be using the Addiction Services Coordination lab facility in FY05, the number of samples is expected to decline.

EXPLANATION:

The Urine Monitoring Program provides Montgomery County's Department of Health and Human Services and allied agencies with a resource for obtaining low-cost testing of urine samples for drug abuse. To support community efforts to improve public health and public safety, access to such tests needs to be "on demand," and results need to be delivered in an accurate and timely manner. The program partners with a wide range of criminal justice, human service, and substance abuse treatment agencies that work with the adults, families, and youth who are served by this program.

In FY04, the Urine Monitoring Program was successful in maintaining high performance results. The percentage of drug tests that were accurate was 99.9%. Additionally, both the percentage of samples analyzed and results released within 24 hours and the percentage of urine samples analyzed and results transmitted electronically within 24 hours of sample collection remained at 95%. The program was also able to reduce the cost per test from \$8.16 in FY03 to \$7.60 in FY04 due to the increased efficiency of the new lab equipment installed in mid-FY04.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES:

Department of Correction and Rehabilitation, Department of Parole and Probation, Maryland Department of Juvenile Services, Child Welfare Services, Circuit Court - Family Division, substance abuse treatment sites, Mental Health Association, community providers.

MAJOR RELATED PLANS AND GUIDELINES:

Maryland Alcohol and Drug Abuse Administration State Plan, Federal High Intensity Drug Trafficking Area Initiative, Department of Parole and Probation (for Break the Cycle), Maryland Department of Juvenile Services (for Graduated Sanctions and Break the Cycle Early).

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Child and Adolescent Mental Health Services

PROGRAM ELEMENT:

Community Kids

PROGRAM MISSION:

To improve outcomes for young people with severe emotional disturbances within targeted communities through collaborative strategies

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Stable and economically secure families
- Children safe in their homes, schools, and community
- Young people making smart choices

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of adolescents who have reduced their use of drugs and alcohol	NA	33	66	66	46	66
Percentage of children who have shown improvement in emotional/behavioral symptoms in two or more domains ^a	NA	NA	100	85	100	85
Percentage of caregivers who have reduced their stress level as a result of their participation in the program ^b	NA	NA	50	50	67	50
Percentage of families who have achieved the goals outlined in their individual service plans	NA	NA	68	50	70	50
Service Quality:						
Percentage of families who are satisfied with the service coordination efforts in which they have participated	NA	NA	85	85	96	85
Percentage of families who successfully carry out their plan of support	NA	88	60	75	68	75
Efficiency:						
Average cost per child served (\$)	23,098	18,347	16,261	19,953	12,623	15,753
Workload/Outputs:						
Number of children served	50	69	111	85	106	85
Number of families served	41	55	87	60	87	60
Number of families involved in family support activities	21	46	54	50	67	50
Inputs:						
Expenditures (\$000)	1,155	1,266	1,805	1,696	1,338	1,339
Workyears	4.0	3.0	4.0	3.0	3.0	2.1

Notes:

^aAs measured by the Child Behavior Checklist (CBCL), an instrument that assesses eight domains or areas of behavior such as anxiety, delinquency, aggression, and social problems. The CBCL, which is part of a national evaluation of the program required as a condition of Federal funding, is administered as a baseline assessment, with follow-up assessments every 6 months.

^bParent/caregiver stress level and satisfaction with service coordination efforts are measured by two separate questionnaires. The parent/caregiver satisfaction questionnaire is administered quarterly and is used to improve future service coordination efforts. The stress level questionnaire is administered every six months.

EXPLANATION:

The Community Kids program was first funded in FY00 and became operational during FY01. The program was created through a five-year Federal grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. Community Kids targets children and youth ages 5-18 (kindergarten through high school). The goal is to build a system of care for emotionally disabled children and their families. This is being accomplished by delivering wrap-around services, building resource teams, community councils, pooled funding, integrated services, and family involvement. The program supports community efforts to integrate child and family service agencies into a local, family-centered, culturally competent system of care. During the five years of the grant, the Community Kids project will extend its family-centered decision-making structure and wrap-around services approach to a sequence of neighborhoods by working in tandem with Montgomery County departments and other government agencies as it builds multi-agency collaborative teams including family and community members.

The FY03 and FY04 results are based on the relatively small number of participants for whom follow-up data were available, and therefore results can vary considerably across years. This is not a random sample, so the results are potentially subject to considerable uncertainty and/or bias and should be used with caution. The program continues to work on developing methods for engaging families sufficiently to make significant progress with most children for whom the services are designed.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Collaboration Council, Montgomery County Police Department, Montgomery County Public Schools, Core Service Agency, Mental Health Association, Local Coordinating Council, Maryland Department of Juvenile Services, Youth Service Centers, Community Ministries, Community Use of Public Facilities, Housing Opportunities Commission, Johns Hopkins University, Family Services Agency, Inc., Federation of Families, National Alliance for the Mentally Ill, SHARP Street Suspension Program, City of Gaithersburg, Upper County YMCA, Head Start Bureau, NAACP.

MAJOR RELATED PLANS AND GUIDELINES: The Children's Agenda, Comprehensive Strategies Plan, After School Activities Plan, Early Childhood Collaborative Plan.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:	PROGRAM ELEMENT:					
Child and Adolescent Mental Health Services	Silver Spring Child and Adolescent Outpatient Mental Health Clinic					
PROGRAM MISSION:						
To improve the mental health of children and adolescents through individual, family, and group therapy as well as substance abuse education						
COMMUNITY OUTCOMES SUPPORTED:						
• Children and adults who are physically and mentally healthy • Young people making smart choices						
PROGRAM MEASURES	FY01	FY02	FY03	FY04	FY04	FY05
	ACTUAL	ACTUAL	ACTUAL	BUDGET	ACTUAL	APPROVED
Outcomes/Results:						
Percentage of clients who meet their treatment goals at the time of discharge and who successfully integrate back into the school/community	90	96	98	96	96	97
Percentage of clients showing improvement on GAF scores at discharge ^a	71	81	94	90	97	90
Service Quality:						
Percentage of parents/families who are satisfied with the services provided ^b	93	99	99	99	98	98
Efficiency:						
Average cost per psychotherapy session (\$)	194	77	113	158	123	170
Workload/Outputs:						
Number of new clients served	318	335	361	335	394	335
Number of psychotherapy sessions provided for clients who completed their treatment at the time of discharge	2,088	3,174	3,384	3,174	3,885	3,800
Number of psychiatric medication monitoring sessions provided for clients who completed their treatment at the time of discharge ^c	463	377	630	630	790	700
Inputs:						
Expenditures (\$000)	404	245	^d 382	^e 502	477	645
Workyears	8.0	7.5	7.5	^e 8.0	8.5	^e 8.5
Notes:						
^a The Global Assessment of Functioning (GAF) instrument is used to assess the psychological, social, and occupational functioning of an individual on a mental health continuum.						
^b A questionnaire is given to each client at the time of discharge.						
^c The increasing number of medication management sessions is due to the increasing severity of the symptoms exhibited by clients at the time of admission to the Clinic.						
^d In July 2002, Maryland Health Partners stopped compensation/funding of Gray zone (uninsured) clients. In addition, the Clinic is the only provider in the County serving undocumented clients. Due to the increase in the number of undocumented and uninsured clients, revenue collection decreased in FY03.						
^e Workyears were recalculated for FY04 and FY05.						
EXPLANATION:						
The Child and Adolescent Mental Health Services Clinic is a County-wide outpatient mental health program located in Silver Spring that serves low-income families who are uninsured, undocumented, or who have Medical Assistance. The clinic provides individual, family, and group therapy as well as substance abuse education. The clinic also provides mental health treatment, family support services, and clinical case management at local schools and other County locations.						
The goal of the program is to assist children who are experiencing serious emotional and behavioral problems while remaining in the community whenever possible. It is commonly accepted that children tend to do better in treatment when their families can be actively involved, participating in and supporting their treatment. At the time of admission, the primary therapist formulates a number of short-term and long-term treatment goals for the client/family. At the time of discharge, these goals are reevaluated to determine how many have been achieved by the client/family. Some clients/families achieve all of their treatment goals, some achieve some of their goals, and some achieve none by the time of discharge.						
The Global Assessment of Functioning (GAF) instrument is used to assess the psychological, social, and occupational functioning of an individual on a mental health continuum. The GAF score is measured at admission and at discharge. The goal is to increase the percentage of clients showing an improvement in their functioning at home, at school, and in the community. In FY04, 97% of clients who completed their treatment and who attended/participated in at least five therapy sessions with their therapist and/or psychiatrist showed an improvement in their GAF scores. This is a significant improvement over last year's performance. During the same time period, 96% of clients met their treatment goals at the time of discharge.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, Department of Juvenile Services, Juvenile Assessment Center, Multicultural Mental Health Program, Public Health Services, Child Welfare Services, Community Kids, Emergency Support Services, Income Support Program, Crisis Center, Silver Spring YMCA, community hospitals, Police Department.						
MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.21.16, 10.21.17, 10.21.20, Federal regulations for alcohol and drug abuse.						

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:		PROGRAM ELEMENT:					
Jail Addiction and Community Re-Entry Services		Clinical Assessment and Triage Services (CATS)					
PROGRAM MISSION:							
To reduce the length of stay at the Montgomery County Detention Center and provide appropriate care for offenders identified as having a behavioral health issue and who are eligible for diversion by placing them into community behavioral health treatment; and to assign inmates with behavioral health issues who are not eligible for diversion into the appropriate level of care at the Montgomery County Correctional Facility							
COMMUNITY OUTCOMES SUPPORTED:							
• Children and vulnerable adults who are safe • Children and adults who are mentally healthy • Safe communities							
PROGRAM MEASURES		FY01	FY02	FY03	FY04	FY05	
		ACTUAL	ACTUAL	ACTUAL	BUDGET	ACTUAL	APPROVED
Outcomes/Results:							
Number of inmates with behavioral health symptoms successfully diverted into community behavioral health treatment ^a		NA	168	280	280	357	280
Percentage of eligible inmates successfully diverted to community behavioral health treatment		NA	78	93	95	97	95
Percentage of eligible inmates successfully diverted to the Public Mental Health System ^b		NA	57	95	95	93	95
Service Quality:							
Average number of days between release from the Detention Center and entry into community mental health treatment		NA	0	3	3	3	3
Efficiency:							
Cost per assessment (\$)		NA	337	321	334	333	390
Workload/Outputs:							
Number of inmates assessed for behavioral health problems upon entrance		NA	1,260	1,673	1,700	1,879	1,700
Number of inmates eligible for diversion		NA	216	302	310	365	325
Number of inmates with mental health symptoms who are eligible for the Public Mental Health System ^b		NA	96	60	75	109	75
Inputs:							
Expenditures (\$000) ^c		NA	425	537	567	625	663
Workyears ^c		NA	5.3	5.3	5.8	5.8	6.8
Notes:							
^a Community treatment includes substance abuse and mental health treatment agencies. However, most inmates who are diverted to community treatment are treated for substance abuse problems.							
^b The Public Mental Health System provides free or reduced cost mental health services to poor persons who are seriously and persistently mentally ill. Any mental health treatment funded by the State of Maryland (Maryland Health Partners) is considered to be part of the Public Mental Health System.							
^c Beginning in FY04, inputs include workyears assigned to this effort and operating dollars budgeted in the Service Chief's office, but exclude budgeted salary lapse. In an effort to improve CATS' ability to monitor clients with behavioral health issues in the community, a staffing reallocation has been implemented for FY05.							
EXPLANATION:							
Within the Detention Center, staff from the Clinical Assessment and Triage Services (CATS) program assess inmates with behavioral health disorders. This program is designed to support the overall goals of diverting the mentally ill from a jail environment (which can exacerbate psychiatric symptoms) and helping to prevent the jail from becoming, by default, a hospital for mental illness. CATS staff identify inmates at risk of hurting themselves or others; refer inmates to Corrections Mental Health Services for housing, immediate observation, and mental health services; make referrals to the Correctional psychiatrist or the CATS psychiatrist and to the Medical Unit for medication prescription and/or medication management; clear inmates to be housed with the general population if appropriate; or divert eligible inmates to an available community resource providing a level of service appropriate to manage the treatment needs of the individual.							
In FY04, almost 2,000 inmates were assessed for behavioral health problems upon entrance, and 365 inmates were identified for diversion. Of these, 97% were successfully diverted into community treatment. Individuals who are eligible for diversion are those who are identified with a behavioral health issue, have been found to be appropriate for and willing to be placed in treatment, are charged with a misdemeanor or nonviolent felony, have a limited number of failures to appear and no other legal barriers, and can be matched with appropriate treatment agencies within the community. Release to community placement is based on judicial release-on-bond conditions and Pre-Trial Services supervision. Clients are placed in community-based treatment using diagnostic criteria from the American Society of Addiction Medicine Patient Placement Criteria (if their primary problem is an addictions problem) or criteria from the Diagnostic and Statistical Manual of Mental Disorders, Edition 4 (if the problem is primarily of a mental health nature).							
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Core Service Agency, Police Department, Department of Correction and Rehabilitation, the Courts, substance abuse and mental health treatment providers, Public Defender Service, State's Attorney's Office, private attorneys.							
MAJOR RELATED PLANS AND GUIDELINES: Code of Maryland (COMAR) for Addictions and Mental Health Services; American Society of Addiction Medicine Placement Criteria 2 Guidelines - Patient Placement Criteria (PPC-IIR); the Diagnostic and Statistical Manual for Mental Disorders, Version 4; Federal confidentiality regulations.							

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Jail Addiction and Community Re-Entry Services

PROGRAM ELEMENT:

Community Re-Entry Services

PROGRAM MISSION:

To reduce the rate at which inmates with behavioral health issues who are re-entering the community return to the Montgomery County Correctional Facility by providing assessment, case management, and referral services

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Number of inmates served who are connected with behavioral health care upon release ^a	NA	152	163	158	159	158
Percentage of inmates served who are connected to behavioral health services in the community ^b	NA	48	50	50	40	50
Number of inmates served who are connected with the Public Mental Health System ^c	NA	13	11	30	36	30
Percentage of inmates served who are connected with the Public Mental Health System ^c	NA	28	35	40	35	40
Number of inmates served who are connected to housing upon release	NA	152	163	163	159	165
Percentage of homeless inmates who are connected to housing at release ^d	NA	28	53	50	40	52
Number of inmates served who refuse treatment at release	NA	70	33	35	36	35
Service Quality:						
Percentage of inmates served who re-enter the Montgomery County Correctional Facility ^e	NA	16	39	35	18	30
Efficiency:						
Cost per inmate served (\$)	NA	948	923	918	840	1,006
Workload/Outputs:						
Number of inmates with addictions served	NA	343	333	350	337	350
Number of inmates with mental illness served	NA	48	139	140	208	140
Inputs:						
Expenditures (\$000) ^f	NA	371	436	450	458	493
Workyears	NA	5.3	5.3	5.3	5.3	5.3

Notes:

^aIncludes those who receive treatment in the Jail Addiction Services (JAS), Crisis Intervention Unit (CIU), and Moral Reconation Therapy (MRT) programs who are discharged to community-based treatment.

^bIncludes inmates housed in the JAS Unit, as well as some inmates housed in the CIU and the MRT Unit. "Connected" means directly admitted to a treatment slot.

^cAny mental health treatment funded by the State of Maryland (Maryland Health Partners) is considered to be part of the Public Mental Health System which provides reduced cost services to poor persons who are seriously and persistently mentally ill. "Connected" means admitted directly to a treatment slot.

^dInmates identified as homeless are those incarcerated individuals who have been documented as homeless by self report or who have become homeless as a result of their incarceration. Inmates identified as homeless can enter a shelter or residential treatment bed directly from the Montgomery County Correctional Facility. "Connected" means admitted directly to a treatment or shelter bed.

^eFY02 includes only inmates who participated in the JAS program. Beginning in FY03, the measure includes inmates who have participated in JAS or the CIU and who are rearrested in the same fiscal year.

^fIncludes operating funds budgeted in the Service Chief's Office.

EXPLANATION:

Community Re-Entry staff coordinate diversion before sentencing by providing a recommended diversion plan to the judge. Staff also arrange for diversion after sentencing by going back to the trial judge for a modification of the sentence. The purpose is to connect to treatment those offenders who suffer behavioral health disorders and who participate in structured treatment within the Correctional Facility and/or, in some cases, transition from the Department of Correction and Rehabilitation after serving a period of incarceration.

Criminal justice supervision combined with participation in treatment helps ex-offenders remain crime free and symptom free longer. Court sentences that mandate treatment are instrumental in motivating offenders to engage in treatment upon release. Participation in community-based treatment shortly after release from the Montgomery County Correctional Facility lengthens time in treatment, reduces the odds of recidivism, protects the community, and reduces the chances of individuals with behavioral health disorders from ending up in other institutions.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Police Department, Department of Correction and Rehabilitation, judges in the Court System, Department of Parole and Probation, Public Defender System.

MAJOR RELATED PLANS AND GUIDELINES: Mental Hygiene Administration, Alcohol and Drug Abuse Administration, American Society of Addiction Medicine Placement Criteria 2 Guidelines, HIDTA (High Intensity Drug Trafficking Area) Break the Cycle.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Jail Addiction and Community Re-Entry Services

PROGRAM ELEMENT:

Jail Addiction Services (JAS)

PROGRAM ELEMENT MISSION:

To provide an intensive ten-week jail-based residential addiction treatment program for alcohol and/or drug addicted inmates at the Montgomery County Correctional Facility (MCCF) in order to (1) reduce harm to individuals, families, and the community, and (2) increase the ability of individuals and families to be self-sufficient

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of clients successfully discharged from treatment	76	78	78	78	82	78
Percentage of clients readmitted	21	18	20	18	16	18
Service Quality:						
Number of successful JAS clients who were re-incarcerated in the MCCF within 6 months	NA	16	40	16	18	16
Efficiency:						
Average cost per client assessed (\$) ^a	975	968	867	827	689	875
Average cost per client treated (\$) ^a	2,112	1,462	1,978	1,569	884	1,659
Workload/Outputs:						
Number of clients assessed	405	432	513	550	685	550
Number of clients treated	^c 187	286	225	290	533	290
Inputs:						
Expenditures (\$000) ^b	395	418	445	456	471	481
Workyears ^b	5.0	5.0	6.3	6.3	6.3	6.3

Notes:

^aIncludes only funds for treatment in the Department of Health and Human Services budget. Does not include housing, food, and other related costs which are provided by the Department of Correction and Rehabilitation.

^bExpenditures include operating expenses budgeted in the Service Chief's Office. Beginning in FY03, includes additional staff and increased capacity for the JAS program in the new Montgomery County Correctional Facility.

^cThe FY01 count does not include clients carried over (still in treatment) from the previous fiscal year.

EXPLANATION:

Criminal justice and addiction research indicates that combining criminal justice supervision and addiction treatment in a program of graduated sanctions controls an offender's behavior in the community so that an effective amount of treatment can be delivered. Individuals who stay in treatment the longest are those who are involved with the criminal justice system. A two-year outcome study of the Jail Addiction Services (JAS) program in Montgomery County proved the effectiveness of this strategy. Participation in JAS reduced the probability of re-offending by 45%. Participation in community-based treatment after JAS, which lengthens the time in treatment, reduced the odds of recidivism by over 75%.

In FY03, a higher number of inmates than originally projected was assessed for treatment as a result of opening the new Montgomery County Correctional Facility. Assessments also increased in FY04 but are expected to level off during FY05.

This jail-based addiction treatment program was able to increase the number served with only a slight increase in funding, thus making the service less costly than in the last several years. In FY04, more inmates were assessed because the capacity of both the male and female pods that house JAS participants in the new jail is greater than in the old jail. In FY04, close to 700 inmates were assessed. Of these, 533 were provided treatment. The percentage of clients successfully discharged from treatment increased to 82% in FY04, while the percentage of successful JAS clients who were re-incarcerated within 6 months declined to only 18%.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Correction and Rehabilitation, Criminal Justice System, out-of-state long-term residential treatment programs.

MAJOR RELATED PLANS AND GUIDELINES: Maryland Alcohol and Drug Abuse Administration.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Mental Health Services for Seniors and Persons with Disabilities		PROGRAM ELEMENT: Senior Outreach Program					
PROGRAM MISSION: To improve the mental health of seniors with mental health needs who will not or cannot access traditional office-based services							
COMMUNITY OUTCOMES SUPPORTED: <ul style="list-style-type: none">• Children and adults who are physically and mentally healthy• Children and vulnerable adults who are safe• Individuals and families achieving their maximum level of self-sufficiency							
PROGRAM MEASURES		FY01	FY02	FY03	FY04	FY04	FY05
		ACTUAL	ACTUAL	ACTUAL	BUDGET	ACTUAL	APPROVED
Outcomes/Results:							
Percentage of clients showing improvement on therapist rating scale ^a		NA	NA	71	70	74	70
Percentage of clients accepting treatment ^b		NA	70	78	75	78	75
Service Quality:							
Average length of time between referral and first outreach home visit (working days)		NA	12	10	12	10	10
Efficiency:							
Average cost per client served (\$)		NA	1,052	1,083	1,073	1,003	1,130
Workload/Outputs:							
Number of referrals		NA	134	119	150	103	150
Number of clients seen		NA	129	119	135	163	135
Number of home visits		NA	1,375	829	840	877	840
Number of professionals trained in senior mental health issues		NA	174	339	100	195	100
Number of client cases receiving senior mental health consultation ^c		NA	160	157	150	149	150
Inputs:							
Expenditures (\$000)		304	304	299	306	313	322
Workyears ^d		2.0	1.9	1.9	1.9	1.9	1.9
Notes:							
^a The scale evaluates clients' progress regarding psychological symptoms and social functioning.							
^b Neighbors, family, and other agencies refer the elderly to this service. An initial goal (and measure of success) is for those referred - who often do not want or accept the service - to accept a home visit and services.							
^c In an effort to capture the total population served, this number includes both direct and indirect (consultation) services. It also reflects training about senior mental health and substance abuse issues for professionals dealing with seniors and providers of services to seniors (e.g. Health and Human Services staff, police, hospital discharge planners, psychiatric rehabilitation programs, nursing home and group home ombudsmen). Many clients' cases require more than one consultation.							
^d Workyears include oversight, clinical direction, contract monitoring, administrative support, and training.							
EXPLANATION:							
The Senior Outreach Program provides mental health services in the individual's home or a senior site to clients 60 years old and older who cannot or will not access traditional office-based services. Assessment, psychiatric evaluation, and brief treatment are provided until ongoing services can be established for the patient.							
The program began tracking results using the new therapist scale in FY03, and the number of clients showing improvement was higher than predicted, although there are no comparable statistics for this type of program elsewhere. The percentage of clients accepting treatment was also higher than predicted, and the FY05 goal is to maintain this number. In FY03, the number of referrals and the number of clients seen were lower than predicted. In FY04, there was an increase in the number of clients seen due to additional outreach. The program also serves seniors indirectly by providing consultation to other professionals and offering training in mental health issues regarding the elderly.							
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Aging and Disability Services, Crisis Center, family members, assisted living providers, Housing Opportunities Commission resident counselors, Meals on Wheels, visitors, Police.							
MAJOR RELATED PLANS AND GUIDELINES: Maryland Department of Health and Mental Hygiene Senior Mental Outreach Services Grant.							

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Multicultural Mental Health Services	PROGRAM ELEMENT:					
PROGRAM MISSION: To improve the mental health of Vietnamese and Spanish speaking immigrants by providing outpatient mental health services and outreach to consumers and providers regarding culturally sensitive mental health resources in the County						
COMMUNITY OUTCOMES SUPPORTED: <ul style="list-style-type: none">• Children and adults who are mentally healthy• Children and vulnerable adults who are safe• Individuals and families achieving their maximum level of self-sufficiency						
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of clients showing improvement in functioning and decreased symptoms:						
- By therapist rating ^a	83	94	97	95	97	95
- By symptoms list ^a	96	94	86	90	78	90
Service Quality:						
Percentage of clients receiving psychotherapy services who are satisfied with those services	98	99	98	95	95	95
Percentage of records which on first internal review exhibit satisfactory compliance using COMAR standards	89	90	90	91	92	90
Percentage of telephone referrals initially contacted within 3 days (State Standard = 10 days)	89	92	92	92	95	95
Efficiency:						
Percentage of clinician hours per year spent in direct services	61	62	61	63	58	62
Workload/Outputs:						
Number of clients provided psychotherapy in the office	282	313	334	335	342	450
Number of psychiatric services provided in the office	1,033	1,478	1,717	1,720	2,096	1,720
Number of clients provided direct assessment/referrals at outreach sites	534	471	189	160	150	100
Number of customers provided telephone information	475	461	487	300	380	360
Inputs:						
Expenditures (\$000)	694	707	813	854	810	1,007
Workyears	9.1	9.1	9.6	9.5	9.5	9.0
Notes: ^a Scales created by the Multicultural Program evaluate clients' progress regarding psychological symptoms and social functioning. The therapist scale is completed by the clinician alone, while the symptom checklist is completed by the therapist and client together. In FY01 and FY02, data were only collected at discharge for clients with planned termination. In FY03, a change was made to measure the amount of improvement 4 months after admission. This timeline permits the collection of data on more consumers but also has meant somewhat lower results.						
EXPLANATION: Multicultural Mental Health Services provides assessment, psychotherapy, psychiatric services, outreach, and referral to Vietnamese and Spanish speaking immigrants with major mental health needs. By offering culturally-appropriate and accessible services to these individuals, the program enhances their mental health and functioning in the community. Results by therapist rating, ratings completed with the client, and customer satisfaction ratings all point to the success of the program in alleviating the suffering and improving the living conditions of these vulnerable residents. In June, 2003, the Spanish Catholic Center closed its Gaithersburg office, eliminating one assessment, referral, and treatment site for the Multicultural Program but without a significant effect on number of clients served. In general, the program has maintained its high effectiveness, but the FY04 falloff in improvement as measured by the symptom list will be monitored in FY05 to determine whether specific interventions should be modified or improved.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: TESS Center, Partner Abuse Services, Victim Assistance and Sexual Assault Program, Child Mental Health Services, School Health, Infants and Toddlers, Addictions Services, Income Support Services, Spanish Catholic Center, Family Works, CASA de Maryland, Immigration Services, Manna, Crisis Center, Proyecto Salud, Mobile Medical.						
MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.21.20, Federal regulations for drug and alcohol abuse.						

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Outpatient Addiction Services	PROGRAM ELEMENT:					
PROGRAM MISSION: To provide preventive, supportive, and therapeutic services to addicted adults in order to: (1) reduce harm to individuals, families, and the community; and (2) increase the individual's and family's ability to be self-sufficient						
COMMUNITY OUTCOMES SUPPORTED: <ul style="list-style-type: none">• Children and vulnerable adults who are safe• Individuals and families achieving their maximum possible level of self-sufficiency						
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of clients re-arrested during treatment	5	11	10	10	5	10
Percentage of clients employed at the end of treatment	26	34	38	25	32	25
Percentage of clients whose case was reopened within one year	19	26	6	16	26	15
Service Quality:						
Percentage of clients successfully discharged from treatment	10	26	29	25	22	25
Efficiency:						
Average cost per day per client served in treatment (\$)	27.36	31.52	38.08	42.43	39.71	49.40
Workload/Outputs:						
Number of clients screened for substance abuse problems (attended orientation at Outpatient Addictions Services)	873	678	524	680	379	500
Number of clients served in treatment	459	450	489	450	461	450
Number of clients provided vocational rehabilitation services	155	162	305	150	155	175
Inputs:						
Expenditures (\$000) ^a	2,009	2,315	2,421	2,482	2,380	2,534
Workyears	25.4	24.8	24.8	24.7	24.7	24.7
Notes: ^a Includes operating expenses budgeted in the Service Chief's office.						
EXPLANATION: This program provides intensive outpatient and chemotherapeutic treatment services for self-referred clients, persons referred from the criminal justice system, homeless clients, and clients with other social necessity requirements (e.g. Child Welfare Services referrals). Special emphasis is placed on treating addicted women with children, the homeless, opiate addicts, and individuals with co-existing substance abuse and psychiatric disorders. The number of clients screened for services decreased in FY04 due to the greater number of clients diverted to other appropriate programs (such as Avery Road Combined Care Programs and the Substance Abuse Services for Women Program) and also because of an increased "no show" rate, perhaps due to harsh weather. For FY05, the program intends to decrease the no-show rate for the clients referred to it. In FY04, the number of clients employed at the end of treatment and receiving vocational services declined due to the loss of funding for the Montgomery College contract for training clients in basic computer skills and the loss of the Montgomery County Public Schools contract for GED training. In FY04, about 150 clients were provided vocational rehabilitation services, a reduction of approximately 50% over the number served in FY03. A new strategy was developed to offset the loss of the vocational training contracts in FY04. Vocational specialists initiated outreach to clients interested in vocational services during the assessment phase of treatment. As a result, the percentage of clients employed at the end of treatment did not decline as significantly as had been projected: in FY04, 32% were still employed at the end of treatment, only a slight decline from FY03. This funding loss was also projected to affect the percentage of successful cases discharged in FY04. However, the declines in this area were greater than had been projected: in FY04, only 22% of clients were successfully discharged from treatment, down from 29% in FY03.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Correction and Rehabilitation, Montgomery County Police Department, Housing Opportunities Commission, Division of Transit Services, Alcohol and Drug Abuse Administration, District Court, Circuit Court, non-profit organizations.						
MAJOR RELATED PLANS AND GUIDELINES: COMAR 8-403.						

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Partner Abuse Services		PROGRAM ELEMENT: Abuser Intervention Program				
PROGRAM MISSION: To increase the safety of domestic violence victims by teaching new behaviors to offenders						
COMMUNITY OUTCOMES SUPPORTED: • Children and vulnerable adults who are safe • Children and adults who are physically and mentally healthy						
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of Court-referred abusers who report ceasing abuse upon completion of treatment	69	76	75	70	72	70
Service Quality:						
Percentage of Court-referred abusers who complete treatment	56	64	62	65	59	65
Efficiency:						
Average cost per Court-referred abuser receiving counseling services (\$)	486	453	688	706	682	711
Outputs/Workload:						
Number of Court-referred abusers receiving counseling services	712	695	646	700	645	650
Inputs:						
Expenditures (\$000)	323	315	^a 445	495	440	462
Workyears	1.5	1.5	^a 3.3	3.3	3.3	3.0
Notes: ^a Inputs amended to include all relevant administrative and other staff costs such as intake and Court monitoring functions, including correspondence with the Courts and appearances at Court hearings concerning Court-ordered counseling.						
EXPLANATION: In order to increase the safety of victims of domestic violence, Partner Abuse Services provides counseling to abusers along with services to victims of partner-related physical abuse. The program also performs a monitoring and tracking function for abusers referred for counseling by the civil and criminal justice system. About 7% of offenders served are women and about 10% of clients seen by the program are not mandated by any court or agency. The standard abuser counseling service includes a full psychosocial assessment, case management of any relevant problems (primarily substance abuse or other mental health problems), and counseling. The counseling is almost always in a time-limited group format and addresses both attitudes towards family violence and skill deficits that can lead to partner abuse. Recent findings suggest that the program's success rate in helping participants to stop abuse is typical of such programs nationally. In FY04, 59% of Court-referred abusers completed treatment. The number who attend and complete counseling is partly limited by the willingness of the justice system to order and monitor compliance with offender counseling. Program research initiatives include developing methods to help motivate clients to complete counseling and tailoring interventions to key client characteristics.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Police, Sheriff, State's Attorney, Department of Correction and Rehabilitation, and Circuit Court; Maryland Department of Human Resources; Family Violence Council.						
MAJOR RELATED PLANS AND GUIDELINES: COMAR 7-6, 4-501, and 4-516, "Guidelines for Abuser Intervention Programs," Lt. Governor's and Attorney General's Family Violence Council, 1997.						

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Partner Abuse Services

PROGRAM ELEMENT:

Domestic Violence Community Education and Outreach

PROGRAM MISSION:

To increase the safety of domestic violence victims by increasing public awareness of domestic violence and of available services and interventions for addressing it

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
--	----------------	----------------	----------------	----------------	----------------	------------------

Outcomes/Results:

Percentage of professional or citizen attendees at programs reporting satisfactory knowledge of domestic violence interventions	NA	100	91	90	95	90
---	----	-----	----	----	----	----

Service Quality:

Percentage of attendees rating presentation as good or excellent	NA	100	100	95	93	95
--	----	-----	-----	----	----	----

Efficiency:

Average cost per attendee (\$)	NA	129	173	176	116	245
--------------------------------	----	-----	-----	-----	-----	-----

Workload/Outputs:

Number of victims attending community education groups	NA	396	319	400	259	250
Number of professional or citizen attendees at education programs	NA	250	260	250	609	150

Inputs:

Expenditures (\$000)	NA	83	100	115	101	^a 98
Workyears	NA	1.0	1.0	1.0	1.0	1.0

Notes:

^aReflects elimination of contracted services.

EXPLANATION:

The provision and support of victim educational groups and community educational programs constitute an efficient and successful method for improving individual knowledge and community awareness of domestic violence issues and interventions. The principal goals of this effort include building community awareness of the problem, improving the ability of potential victims and their families to access needed legal and human services, and fostering responses to domestic violence by the community (including the justice system; the legal, medical, and other human service professions; faith-based organizations; and other community groups). A survey is used to measure the extent to which citizens and professional program attendees achieve increased knowledge related to domestic violence issues and the interventions available. Increasingly, the program will seek to facilitate and coordinate the work of local and State organizations to accomplish these goals rather than being the main provider of these services.

In FY04, the program continued to offer programs that afforded clients good basic knowledge of domestic violence and earned high ratings for their perceived usefulness and quality. However, due to staff shortages, fewer outreach efforts were made. This trend that will continue into FY05 due to elimination of contracted services. The program will continue to work on a plan to offer adequate services in the community through more efficient use of resources and partnerships with other local and state organizations, such as the Maryland Network Against Domestic Violence.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Police, Sheriff, State's Attorney, Department of Correction and Rehabilitation, and Circuit Court; Maryland Department of Human Resources; Family Violence Council; Maryland Network Against Domestic Violence.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 7-6, 4-501, and 4-516.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Partner Abuse Services	PROGRAM ELEMENT: Domestic Violence Shelter Services					
PROGRAM MISSION: To increase the safety of domestic violence victims by providing emergency shelter and supportive services						
COMMUNITY OUTCOMES SUPPORTED: <ul style="list-style-type: none">• Children and vulnerable adults who are safe• Individuals and families achieving their maximum level of self-sufficiency• Children and adults who are physically and mentally healthy						
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of domestic violence victims who establish safer living conditions after leaving the Family Residential Shelter	79	85	75	85	82	75
Percentage of victim clients who have taken appropriate safety plan steps ^a	NA	NA	NA	TBD	85	80
Service Quality:						
Percentage of Shelter residents interviewed on termination who reported their stay "helpful" or "very helpful"	90	91	90	85	88	90
Efficiency:						
Average cost per family served in the Shelter (\$) ^b	4,020	8,280	6,375	5,041	6,551	6,325
Outputs:						
Number of families served in the Shelter ^b	180	106	157	200	156	160
Inputs:						
Expenditures (\$000)	723	877	^c 1,001	1,008	1,022	1,012
Workyears	0.5	0.5	1.0	1.0	1.0	1.0
Notes: ^a This new measure is required by the Maryland Department of Human Resources and replaces the previous, more limited measure, "percentage of victim clients who take at least one safety action step." ^b The cost per family sheltered increased significantly in FY02 and FY03 due to: (1) longer lengths of stay due to the difficulty of identifying appropriate post-shelter dispositions for some clients, and (2) resources that were added during the year to enhance supervision, the residential milieu, family/child activities, and counseling. ^c Inputs revised to include all relevant administrative, victim assistance, and other staff costs.						
EXPLANATION: As part of its array of services, Partner Abuse Services provides counseling and shelter to victims of partner-related physical abuse. Since opening in 2000, the Betty Ann Krahne Center shelter (BAKC) has afforded the opportunity for longer stays (often necessary due to the County's continuing lack of affordable housing), but some victims in need of emergency shelter were unable to be placed in the BAKC and were housed in other arrangements. Enhancements made to the shelter in FY03 helped the provider place more emphasis on alternative living accommodations and safety planning in order to reduce the length of stays in the shelter and provide space for an increased number of admissions for emergency cases. Now most clients are able to leave the shelter for a safer housing situation within 90 days of admission. However, the County's housing shortage continues to affect many of these victims and their families. A new provider assumed responsibility for the shelter in July 2003. Based on discharge plans, in FY04 82% of the families leaving the Betty Ann Krahne Center shelter achieved safer living conditions, and 88% of those who terminated indicated positive ratings of services received.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Police, Sheriff, State's Attorney, Department of Correction and Rehabilitation, and Circuit Court; Maryland Department of Human Resources; Family Violence Council.						
MAJOR RELATED PLANS AND GUIDELINES: COMAR 7-6, 4-501, and 4-516.						

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Partner Abuse Services		PROGRAM ELEMENT: Victim Counseling and Victim Assistance Services				
PROGRAM MISSION: To increase the safety and well-being of domestic violence victims						
COMMUNITY OUTCOMES SUPPORTED: • Children and vulnerable adults who are safe						
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of victim clients who have taken appropriate safety plan steps ^a	NA	NA	NA	NA	89	80
Percentage of ongoing counseling clients who demonstrate improvement in restoring autonomy from domestic violence ^b	NA	NA	49	50	58	50
Service Quality:						
Percentage of clients who act upon the recommendation of the intake worker	NA	NA	69	70	76	70
Efficiency:						
Average cost per client (\$)	498	558	555	657	653	651
Workload/Outputs:						
Number of victim assistance legal service requests	700	741	825	700	815	750
Number of victim counseling/case management service requests	1,125	972	999	1,000	942	1,000
Inputs:						
Expenditures (\$000)	908	956	1,013	1,117	1,147	1,140
Workyears	13.6	13.6	13.6	13.6	13.6	13.9
Notes: ^a This new measure, required by the Maryland Department of Human Resources, replaces the previous, more limited measure: "percentage of victim clients who take at least one safety action step." ^b As measured by the Domestic Violence Survivor Assessment which tracks ten dimensions of the physical, psychological, and social impact of partner abuse. All clients who receive ongoing counseling are assessed as to whether and how they move through the pre-contemplation (or consciousness raising), contemplation (or preparation), action, and maintenance stages of making changes with regard to the problem of domestic violence in their lives.						
EXPLANATION: Partner Abuse Services provides counseling, shelter, and support to victims of partner-related physical abuse and counseling to abusers in order to increase the safety and well-being of victims of domestic violence. Key to stopping domestic violence is a coordinated community response, within which the human service response plays a crucial role. The primary goal of domestic violence programs is to secure and maintain victim safety and reduce the risk of future violence. Since the cessation of violence is often not within the victim's power, intervention seeks to educate victims on available safety measures and provide them with enhanced skills in managing conflict and avoiding potential violence. Program staff work closely with the justice system and other community partners to hold abuser's accountable for their behavior and maximize the safety of the victim and the family's children. Victim Counseling and Victim Assistance Services assists most clients in taking sufficient legal and other steps to establish relative safety from domestic violence. Victim assistants and volunteers from the Abused Persons Program assist victims in filing civil orders and/or criminal charges to receive legal protection from their partner's abuse. In addition, the smaller number of clients who continue in counseling have their progress measured in terms of stages of recovery of autonomy from domestic violence victimization. Most remain in counseling long enough to move at least one of four stages. The growth in requests for victim legal assistance and counseling is partially related to enhancements in Montgomery County's coordinated community response such as Abused Person Program victim assistants in some courthouse offices and the interdepartmental ALERT team which identifies high risk cases. With additional experience using these relatively new measures throughout FY04, the program has found that the current interventions and staffing levels help most victims to establish a reasonable safety plan. However, they only engage a slight majority of women in enough services to help them on the very broad measure of moving them through the stages of the process to achieve full autonomy from partner abuse and its effects. The program will continue to work on tailoring its interventions to client needs as well as investigate shorter-term measures of progress.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Police, Sheriff, State's Attorney, Department of Correction and Rehabilitation, and Circuit Court; Maryland Department of Human Resources; Family Violence Council.						
MAJOR RELATED PLANS AND GUIDELINES: COMAR 7-6, 4-501, and 4-516.						

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Prevention and Crisis Intervention	PROGRAM ELEMENT: Emergency Services Housing Stabilization Grants					
PROGRAM MISSION: To prevent loss of permanent housing and homelessness						
COMMUNITY OUTCOMES SUPPORTED: • Children and vulnerable adults who are safe • Individuals and families achieving their maximum level of self-sufficiency						
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of households remaining housed 12 months after receiving emergency services assistance ^a	NA	99	99	99	98	97
Service Quality:						
Percentage of customers rating their experience with Emergency Services as helpful ^b	NA	92	92	92	92	92
Efficiency:						
Average cost per case (excluding grants) (\$)	338	346	333	342	412	456
Outputs/Workload:						
Total number of household cases served	5,396	5,651	6,352	5,600	6,194	6,300
Number of "Emergency Assistance to Families with Children" grants	1,515	1,567	1,774	1,650	1,837	1,800
Number of eviction prevention grants ^c	817	927	1,794	1,000	1,508	1,940
Number of other emergency assistance grants ^d	1,400	1,481	1,009	1,450	2,442	1,010
Inputs:						
Expenditures - total (\$000)	2,708	2,761	3,320	2,983	3,749	4,135
Expenditures - excluding grants (\$000)	1,826	1,953	2,117	2,072	2,550	2,873
Workyears	26.0	26.0	26.0	26.0	^e 32.0	32.0
Notes: ^a The percentage of clients who remain housed is measured by comparing grant recipients with those evicted in the following year as reported in records from the Office of the Sheriff and those who entered homeless services as reported by the Homeless Tracking System. ^b Customer survey cards are distributed to a representative sample of clients receiving services. ^c Beginning in FY03, includes all eviction prevention grants issued using Emergency Services funds. Previously included only emergency checks requiring client pickup. ^d Includes all grants issued that were not related to obtaining or maintaining housing, i.e., burial, utility, moving, storage, and transportation. Does not include persons issued grocery store food certificates. ^e Six staff positions were transferred from the Regional Services Centers during FY04.						
EXPLANATION: Prevention and Crisis Intervention provides assessment, case management (including referral to community emergency assistance providers), and financial assistance to households to prevent loss of employment, eviction, and homelessness. Utilizing Federal/State Emergency Assistance to Families with Children funds and County grants, social workers can provide assistance such as payment of rent and utility arrearages, security deposits, move-in expenses, and moving and storage expenses. Stabilizing individuals in housing is cost-effective in preventing the social disruption of families associated with becoming homeless (with all the attendant consequences), and in preventing the greater expense of providing emergency shelter services. In FY04, over 6,000 households were provided with housing stabilization grants. Of these households, over 1,500 received eviction prevention grants, ensuring that they did not become homeless. In addition, over 2,400 other emergency assistance grants were issued, an increase of more than 100% from FY03. In FY04, 98% of the households receiving assistance remained housed for 12 months.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Emergency Assistance Coalition, United Way FEMA Program, Housing Opportunities Commission, Department of Housing and Community Affairs, Sheriff's Office.						
MAJOR RELATED PLANS AND GUIDELINES: Locally defined program guidelines, Local Temporary Cash Assistance Plan.						

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Prevention and Crisis Intervention	PROGRAM ELEMENT: Home Energy Programs					
PROGRAM MISSION: To provide heat and electric assistance grants to fuel suppliers and utility companies on behalf of eligible low-income households to help make energy costs more affordable and prevent service disconnection						
COMMUNITY OUTCOMES SUPPORTED: <ul style="list-style-type: none">• Children and vulnerable adults who are safe• Individuals and families achieving their maximum level of self-sufficiency						
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of households that may be eligible for Home Energy Assistance that actually received program benefits ^a	NA	NA	13	10	16	15
Percentage of households receiving benefits for which the benefit also prevented utility disconnection	52	24	33	50	33	35
Service Quality:						
Percentage of households that completed the application process by providing all necessary documentation	94	81	87	94	88	90
Efficiency:						
Average administrative cost per application processed (\$)	58	78	69	102	63	51
Workload/Outputs:						
Number of applications received and processed	4,090	3,756	4,779	4,090	4,799	5,730
Number of applications approved for benefits	2,585	2,674	3,634	2,680	4,224	4,010
Inputs:						
Expenditures (\$000) ^b	512	382	582	634	576	689
Workyears ^b	3.2	5.2	5.2	5.2	4.2	4.2
Notes: ^a The number of households eligible to receive program benefits is estimated by determining the number of households (by household size) in Montgomery County whose household income is at or below 150% of the Federal Poverty Level. The Maryland Department of Human Resources estimates, based on the 2000 census, that 27,280 Montgomery County households might be eligible. ^b Expenditures include the estimated amount for grants issued directly by the County and reimbursed by the Department of Human Resources. This amount fluctuates each year depending upon fuel cost, temperature, and the percentage of applicants receiving benefits that use wood and oil as their fuel source. Beginning in FY03, expenditures include the cost of manager time spent on this program element. Funding from the Maryland Department of Human Resources for a full-time case worker position was cut in FY04. Beginning in FY04, expenditures include a \$160,000 special County appropriation to minimize the impact of increased County energy tax rates by providing 4,000 low-income households that qualify for the Maryland Energy Assistance Program with an average of \$40 per household toward their heating costs.						
EXPLANATION: The Home Energy Assistance Program helps enable low-income households to meet their electricity and heating costs. Reducing the high cost of home energy helps prevent utility disconnections. The Federal Department of Health and Human Services makes grants to states. Maryland grants are administered by the Department of Human Resources. The Department of Human Resources contracts with local agencies to operate the Maryland Energy Assistance Program which disburses the Federal grants. The Electrical Universal Services Program is a State program funded through the collection of fees from residential, industrial, and commercial electric customers. Both programs provide assistance to households whose income is at or below 150% of the Federal Poverty Level and who are responsible for their heating and/or utility costs. Lump sum grants are issued on behalf of a household once per year after processing mail-in applications. Households may be denied if they either fail to meet the eligibility criteria or fail to provide requested documentation to determine their eligibility. County staff conduct outreach efforts to make more eligible households aware of the program. They also work with applicants to assist with application completion and documentation to reduce the number of denials due to failure to submit eligibility verification. In FY04, close to 5,000 applications were processed, and 4,224 applicants were approved for home energy assistance. Nevertheless, these accounted for only 16% of the estimated eligible County households.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Human Resources, non-profit community service organizations, utility service suppliers.						
MAJOR RELATED PLANS AND GUIDELINES: Code of Maryland Regulations (COMAR) 07.06.06 (Maryland Energy Assistance Program).						

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Rental Assistance	PROGRAM ELEMENT:					
PROGRAM MISSION: To enable low-income households, the elderly, and the disabled on fixed incomes to maintain rental housing						
COMMUNITY OUTCOMES SUPPORTED: • Children and vulnerable adults who are safe • Individuals and families achieving their maximum level of self-sufficiency						
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of renter households whose income is below 50% of the area median income that received program benefits ^a	NA	NA	4.2	4.2	6.4	4.2
Service Quality:						
Percentage of households that completed the application process by providing all necessary documentation	88	82	76	90	79	80
Efficiency:						
Average administrative cost per application processed (\$)	100	83	91	102	97	105
Applications processed per workyear	574	642	608	643	748	638
Workload/Outputs:						
Number of applications received and processed	2,697	3,018	2,858	3,020	3,514	3,000
Number of applications approved for benefits ^b	1,976	2,093	1,798	2,100	2,381	1,800
Inputs:						
Expenditures - total (\$000) ^c	3,908	3,824	3,678	3,766	3,799	3,776
Expenditures - administrative costs (\$000)	271	249	259	307	342	316
Workyears ^c	4.7	4.7	4.7	4.7	4.7	4.7
Notes: ^a Based on 2000 Census data from the Montgomery County office of the Maryland-National Capital Park and Planning Commission, it is estimated that approximately 37% (37,410) of Montgomery County's 101,221 rental households have an income below 50% of the area median income (\$35,797). ^b Includes all applications approved for benefits, including those placed on a waiting list due to the unavailability of funds. ^c Includes 0.2 workyear for a program manager budgeted in Transitional Housing. Workyears and expenditures do not include projected lapse for vacant positions.						
EXPLANATION: The Rental Assistance Program helps low-income households and the elderly and disabled on fixed incomes, who spend a disproportionate amount of their income on rent, to maintain rental units appropriate to their needs. Reducing the monthly rent burden for low-income households helps keep families out of substandard housing and helps to prevent eviction and homelessness. Monthly monetary assistance is provided to eligible households of at least two members and to persons who are at least 62 years old or disabled. Eligibility is limited to households with assets of less than \$10,000 and income below 50% of the area median income and a rent burden of more than 25% to 35% of their gross monthly household income as determined by household size. Applications are accepted by mail. Households are denied if they either fail to meet the eligibility criteria or fail to provide requested documentation to determine their eligibility. County staff conduct outreach efforts to make more eligible renters aware of the program. They also work with applicants to assist with application completion and documentation requirements to reduce the number of denials due to failure to submit eligibility verification. The number of applications received and processed rose from 2,858 in FY03 to 3,514 in FY04, an increase of 23%. The number of applications approved for benefits in FY04 was 2,381, an increase of 32% over the number of applications approved for benefits in FY03. These increases occurred in a year when the expenditures for the program rose by only 3% and staffing was unchanged - equivalent to a productivity increase of over 20% as measured by applications processed per workyear.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Housing Opportunities Commission, Montgomery County Department of Finance, Department of Housing and Community Affairs, City of Rockville Housing Authority, private nonprofit housing programs for special populations.						
MAJOR RELATED PLANS AND GUIDELINES: Montgomery County Code, Chapter 41A, Rental Assistance; Executive Regulation 24-99AM, Requirements for the Rental Assistance Program.						

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Shelter Services (Homeless Services)

PROGRAM ELEMENT:

Shelter Services for Families with Children and for Single Adults

PROGRAM MISSION:

To improve housing stability for homeless adults and families

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of homeless single adults placed in more stable housing after leaving emergency shelter ^a	NA	2.0	4.5	4.7	4.7	5
Percentage of homeless single adults placed in transitional shelters who graduate to independent housing ^b	NA	49	57	50	37	55
Percentage of homeless families who move to more stable housing after leaving emergency shelter	59	53	61	60	42	60
Service Quality:						
Average length of stay in emergency shelter for single adults (days)	32	37	30	35	17	35
Average length of stay in transitional shelter for single adults (days)	NA	204	199	200	205	200
Average length of stay in emergency shelter for families (days)	102	87	92	90	58	80
Efficiency:						
Average cost per individual served (\$)	1,536	1,453	1,825	1,629	2,252	1,871
Average cost per family served (\$)	8,663	9,344	10,167	4,635	4,845	6,333
Workload/Outputs:						
Number of single adults served in emergency shelter ^a	196	212	1,368	1,600	^d 985	1,300
Number of single adults served in transitional shelter ^b	287	273	292	315	^d 292	300
Number of families served in emergency shelter	95	90	86	200	^d 194	150
Inputs:						
Expenditures (\$000) ^c						
Single adults	301	308	2,496	2,607	2,218	2,432
Families	823	841	915	927	940	950
Workyears ^c						
Single adults	1.0	1.0	2.25	2.25	2.25	2.25
Families	1.0	1.0	2.25	2.25	2.25	2.25

Notes:

^aPreviously, only data from the Community Based Shelter program were reported. Beginning in FY04, the data also includes the Men's Emergency Shelter, Sophia House, Rainbow Shelter, and other overflow space.

^bIncludes all transitional shelters (Bethesda House, Carroll House, Chase Men's' Shelter, Dorothy Day Place, and Watkins Mill House). The Community Based Shelter was counted as an emergency shelter, although it is now primarily transitional. Most individuals in transitional shelters have also received services in an emergency shelter.

^cBeginning in FY03, inputs include all relevant administrative and personnel costs to support these programs. However, they do not include the cost of placing clients in motels when they cannot be placed in the shelter system, and they do not reflect case management day programs. Funds were added in FY05 to expand services at the Gude Men's Shelter.

^dEstimates based on prior year. Complete data not available from the Homeless Tracking System. Modifications to the data system will be made to allow for actual reporting in FY05.

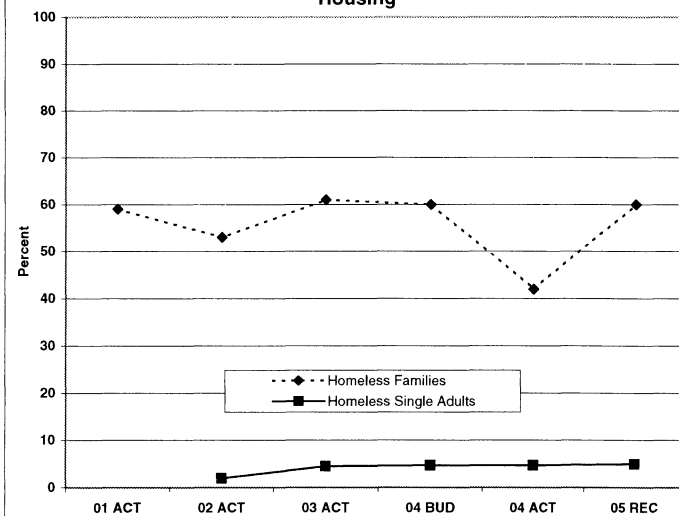
EXPLANATION:

Shelter Services provides shelter, case management, and support services to homeless individuals and families in order to ensure stable housing. Research suggests that to increase the likelihood that a homeless individual will become self-sufficient, a mix of housing and services is needed. To address the problem of homelessness, it is necessary to target services to subpopulations such as those with serious mental illness, chronic substance abuse, or both. Furthermore, interventions are most likely to be effective if they are based on data specific to cultural and ethnic subgroups and if they address barriers that prevent different groups from moving through the system. Research conducted on the chronically homeless suggests that without interventions dealing with the underlying issues that led to homelessness, the length of time single adults remain in emergency shelter increases. Barriers to interventions with the chronically homeless include the difficulty of engagement and treatment compliance for those living on the streets for long periods of time.

In late FY04, the new Seneca Heights Program opened and provided more stable housing for families (with 17 new transitional housing units) and for single adults (with 40 units of individual permanent housing). Additionally, the Partnership for Permanent Housing for Families continued to add more rental units for families.

The program's performance measures will be revised in FY05 to reflect the fact that the primary goal of emergency shelter is to provide protection and safety from harsh weather during the winter and to provide safety to the vulnerable homeless in non-winter months. Many shelters operate only during the winter and close March 31; others increase their capacity during the winter months. The goal of moving consumers to more stable housing is more appropriate for transitional shelter programs.

Percentage of Shelter Residents Who Move to More Stable Housing



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Housing Opportunities Commission, Police, Department of Housing and Community Affairs, Montgomery County Public Schools, Child Support Enforcement, Maryland Department of Human Resources, Maryland Department of Health and Mental Hygiene, City of Gaithersburg, City of Rockville, local shelters, faith community.

MAJOR RELATED PLANS AND GUIDELINES: COMAR (7-6, 4-501, and 4-516).

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

System Planning and Management

PROGRAM ELEMENT:

Core Service Agency Contract Monitoring

PROGRAM MISSION:

To improve the well-being and self-sufficiency of children and adults with significant mental illness by ensuring that they receive appropriate treatment

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of monitored contracts that report outcome measures with improved results ^a	NA	35	75	100	100	100
Percentage of monitored contracts using a customer satisfaction survey that show improved satisfaction ^a	NA	35	80	80	85	80
Service Quality:						
Percentage of monitored contracts with outcome measures on the population served ^a	29	82	100	100	100	100
Percentage of monitored contracts using a customer satisfaction survey ^a	21	71	75	80	80	80
Efficiency:						
Average administrative cost for monitoring functions per contract (\$)	NA	3,000	3,162	4,108	4,324	^d 5,946
Workload/Outputs:						
Number of contracts monitored	37	38	37	37	37	37
Number of customers served through all monitored contracts ^b	NA	3,186	16,626	16,700	16,775	16,900
Inputs:						
Total expenditures (\$000) ^c	5,962	4,985	5,218	5,650	5,550	5,723
Expenditures for contract administration (\$000)	NA	114	117	152	160	220
Contract monitor workyears	1.5	1.5	1.5	1.5	1.5	^d 2.0

Notes:
^aExcludes seven contracts that primarily provide commodity based one-time services associated with mental health support services.

^bBeginning in FY03, includes an unduplicated count of customers served in outpatient mental health clinics and a duplicated count of customers served in multiple grant funded mental health services.

^cExpenditures include funds awarded by the County, the State Community Mental Health Grant, the Federal Mental Health Block Grant, and the Projects for Assistance in Transition from Homelessness (PATH) Grant for the provision of mental health services not reimbursable in the Public Mental Health System.

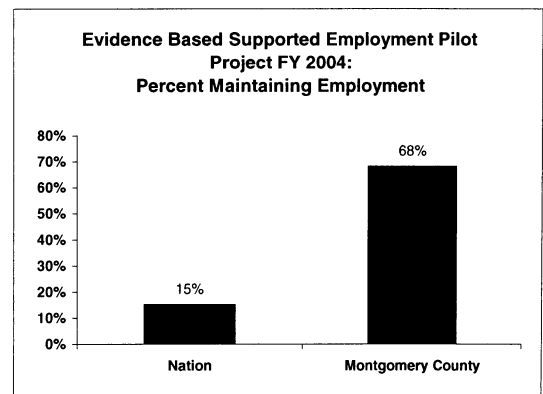
^dWorkyears for contract monitoring have been increased in FY05 due to increased monitoring requirements (fiscal, audit, programmatic) for contractual services as required by the Mental Hygiene Administration.

EXPLANATION:

The Core Service Agency (CSA) serves as the mental health authority responsible for the overall planning, monitoring, evaluation, and service development of the Public Mental Health System in Montgomery County. The overall goal is to create an environment where children and adults with mental health needs are recognized as an integral part of the community with access to treatment services that promote mental wellness and recovery. The CSA does not provide direct services but works to ensure that clinically appropriate services are available for mental health consumers and families.

The contracts represent a wide range of specialized mental health services that are provided to mental health consumers in Montgomery County. These services range from residential services, vocational training and employment assistance, outreach and case management services, to respite care, consumer-run services, therapeutic nursery services, and parent training. Specialized mental health services that are procured under contracts provide quarterly contract monitoring and outcome reports that indicate the number of consumers served, the number of consumers with improved results such as engagement in mental health treatment, the number of consumers that obtain financial entitlements, the number of consumers that are evaluated and treated for mental health needs, the number of consumers that are hired on a full-time, part-time, or volunteer placement, etc. The System Planning and Management Unit monitors each of the 37 contracts through annual site visits, site inspections, and concurrent monitoring visits with State licensing agents.

Two of the contracts the CSA monitors are to Montgomery County non-profit agencies participating in the Evidence Based Practice Supported Employment project. Supported employment provides an array of services to support individuals in obtaining and maintaining employment to achieve their highest degree of independence. The Evidence Based Practices project targets the integration of outpatient and rehabilitation services with vocational programming. In FY04, the results on maintaining employment for 227 participants far exceeded the national average for this population: Montgomery County had a 68% success rate, compared to a 15% success rate for the nation. In addition, a one day count of consumers in June of 2004 indicated that 75% were actively employed.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: The Mental Hygiene Administration in Maryland's Department of Health and Mental Hygiene, Mental Health Advisory Committee, Collaboration Council, National Alliance for the Mentally Ill in Montgomery County, Commission on Aging, Coalition for the Homeless, Housing Opportunities Commission, Department of Housing and Urban Development, providers participating in the Public Mental Health System, County-funded mental health providers. County government partners that incorporate behavioral services include Mental Health Services, Addiction Services, Aging and Disability Services, the Juvenile Assessment Center, and the Department of Correction and Rehabilitation.

MAJOR RELATED PLANS AND GUIDELINES: FY04 and FY05 Core Service Agency Plan/Budget, Maryland Department of Health and Mental Hygiene Annual State Mental Health Plan, Community Mental Health Grant, Federal Mental Health Block Grant, PATH (Projects for Assistance in Transition from Homelessness) Grant, Maryland Health Partners Provider Manual.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

System Planning and Management

PROGRAM ELEMENT:

Mental Health Access Team

PROGRAM MISSION:

To improve the mental health of Montgomery County residents by helping them to access needed outpatient mental health services

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Individuals and families that achieve their maximum level of self-sufficiency

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of clients eligible for the Public Mental Health System ^a (PMHS) who are linked with an appointment with a provider	NA	NA	61	62	58	65
Percentage of uninsured clients who are determined to be eligible for the PMHS	NA	NA	32	35	TBD	35
Percentage of residents with commercial insurance who were assisted in accessing outpatient mental health services within their policies	NA	NA	100	98	98	98
Service Quality:						
Percentage of referral sources who are satisfied with program services ^b	NA	NA	NA	85	86	85
Efficiency:						
Average cost per client contact (\$)	NA	NA	111	113	121	113
Workload/Outputs:						
Number of clients referred to the PMHS	NA	NA	2,298	2,300	1,902	2,000
Number of clients with commercial insurance who were assisted	NA	NA	120	200	253	200
Number of uninsured clients assisted with entitlements	NA	NA	820	700	^d NA	^d NA
Number of clients assisted with MedBank application ^c	NA	NA	330	330	603	500
Total calls received (referrals, questions, information)	NA	NA	5,868	6,000	5,375	6,000
Inputs:						
Expenditures (\$000)	75	302	454	678	651	680
Workyears	1.0	4.5	8.5	8.5	8.5	8.5

Notes:

^aClients are eligible for the Public Mental Health System if they meet the clinical necessity criteria (that is, severity and type of psychiatric symptoms) and either financial or priority population criteria.

^bReferral sources consist of users of the service such as consumers, agencies, programs, or institutions who call into the Access Team requesting assistance with outpatient mental health services.

^cMedBank is a State-funded program that assists low income consumers in accessing free medications through pharmaceutical assistance programs.

^dThe program is no longer able to track this data.

EXPLANATION:

The Mental Health Access Team works to improve the mental health of Montgomery County residents by helping them to access outpatient mental health services and by identifying patterns, trends, and gaps in access for outpatient mental health services. The size of the team and its mission have expanded to include assisting internal and external partners and Montgomery County consumers of all ages in obtaining/accessing outpatient mental health services. This includes inquiring about the consumer's clinical issues, needs, and income eligibility. Consumers with commercial insurance are assisted in accessing outpatient mental health services available within their policies, while those without private medical insurance are linked to the Public Mental Health System (PMHS) or helped to locate appropriate community mental health or other social service organizations to address their problems. Access Team staff members support and assist with the Safety Net services located at the Crisis Center by providing on-site assessment, PMHS eligibility assessments, and referrals. Consumers eligible for outpatient mental health services in the Public Mental Health System are linked with providers at a location convenient for the consumer. Access Team members also assist underinsured consumers in determining eligibility for financial entitlements and for pharmacy benefits.

The number of clients successfully linked to first or rescheduled first appointments during FY04 was somewhat lower than in FY03, but this figure varies due to many factors, including the length of time between call and appointment and the motivation of the clients. The number of clients referred was lower this year because the eligibility criteria for the PMHS were made more restrictive in FY04. The increase in Medbank clients occurred because Medbank now counts new admissions as well as previously admitted clients for whom they are submitting renewal applications.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Emergency Services, Income Support Services, providers participating in the Public Mental Health System, Montgomery County Public Schools.

MAJOR RELATED PLANS AND GUIDELINES: COMAR regulations for Outpatient Mental Health 10.21.20, Federal regulations for drug and alcohol abuse, Maryland Health Partners Provider Manual.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: 24-Hour Crisis Center	PROGRAM ELEMENT: Assertive Community Treatment (ACT) Team					
PROGRAM MISSION: To increase the self-sufficiency of the seriously and persistently mentally ill for whom conventional outpatient treatment and inpatient hospitalization have not been effective						
COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy						
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of clients who require any psychiatric hospitalization	16	5	10	10	7	10
Percentage of clients in stable living arrangements	74	83	77	80	83	80
Percentage of clients who are arrested by the police	5	2	2	5	1	5
Percentage of clients who are medically stabilized	92	98	92	95	97	95
Service Quality:						
Percentage of clients who remain engaged in ACT treatment	79	77	89	90	74	90
Efficiency:						
Average annual cost per client served (\$)	15,321	12,789	14,686	15,057	10,510	13,863
Outputs/Workload:						
Number of clients served	56	76	70	70	98	80
Inputs:						
Expenditures (\$000)	858	972	1,028	1,054	1,030	1,109
Workyears	11.0	11.0	11.3	11.3	11.3	11.3
Notes:						
EXPLANATION: The purpose of the ACT Team is to provide community based, multi-disciplinary mental health services to the seriously and persistently mentally ill population for whom conventional outpatient treatment and inpatient hospitalization have not been successful. The outcome measures monitored focus on some of the characteristics that indicate increased levels of functioning from a holistic perspective: accepting shelter or moving into independent housing instead of living on the streets, avoidance of arrests, and meeting basic medical needs. The continued low arrest rate is a particular success since it is much lower than expected for or previously experienced by this difficult-to-serve population. Research shows that due to the severity of mental illness experienced by those patients who are typically served by ACT teams, improvements in specific indicators may not be seen for a year or more after engaging with the team. Although episodic hospitalization is required for some patients, this is not necessarily an indication that they are becoming less stable. The ability to get a patient into the hospital to prevent a serious problem is part of the process of changing the course of their illness. The ACT Team has been successful in shifting patient treatment out of emergency rooms to ongoing outpatient treatment and case management. In FY04, 98 clients were served by the ACT Team. Of these, 97% of the clients served were medically stabilized. Only 1% were arrested, and 7% required psychiatric hospitalization. The percentage of clients in stable living arrangements improved significantly to 83% in FY04.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery General Hospital, Washington Adventist Hospital, Shady Grove Adventist Hospital, Holy Cross Hospital, Suburban Hospital, Charter Potomac Ridge Hospital; community residences; Coalition for the Homeless; Mental Health Association of Montgomery County; Progress Place; Community Clinic; Community Ministries of Rockville; Community Ministry of Montgomery County; Montgomery County Police Department; Springfield Hospital Center.						
MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.21.16.						

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:
24-Hour Crisis Center

PROGRAM ELEMENT:
Crisis Services

PROGRAM MISSION:

To provide 24 hour, 7 day-per-week phone, walk-in, and mobile crisis services to the residents of Montgomery County to stabilize individuals in situational, emotional, or mental health crisis

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of individuals in crisis who are stabilized without the need for further referral ^a	NA	NA	NA	TBD	^d TBD	TBD
Percentage of Mobile Crisis Team (MCT) clients stabilized in the community ^a	NA	NA	NA	90	58	90
Percentage of patients in Triage and Evaluation beds who are successfully stabilized (not needing involuntary hospitalization) ^c	91	93	94	90	94	90
Service Quality:						
Percentage of clients for whom emergency petitions are written that ultimately result in commitment to a psychiatric facility	NA	NA	NA	90	^d TBD	90
Percentage of clients rating customer service as better than expected	NA	NA	NA	95	^d TBD	95
Percentage of MCT requestors rating their experience as positive	NA	NA	NA	95	96	95
Percentage of patients in Triage and Evaluation beds not re-admitted within the year ^c	86	85	85	85	94	85
Efficiency:						
Average cost per individual served by telephone (\$) ^b	NA	NA	NA	TBD	^d TBD	TBD
Average cost per individual served by the Mobile Crisis Team (\$)	NA	NA	NA	190	^d TBD	190
Average cost per patient served in a Triage and Evaluation bed (\$)	871	692	1,138	809	^d TBD	805
Workload/Outputs:						
Number of individuals served through phone calls ^b	NA	NA	NA	TBD	34,466	34,000
Number of individuals served through walk-in services	NA	NA	NA	5,500	4,751	5,500
Number of individuals served in Critical Incident Stress Management	NA	NA	NA	1,000	225	1,000
Number of individuals provided with outpatient Psychiatric Stabilization Services	NA	NA	NA	540	362	540
Number of individuals stabilized by the Mobile Crisis Team	NA	NA	NA	375	^d TBD	375
Number of patients served in Triage and Evaluation beds	163	200	158	220	126	220
Inputs:						
Expenditures (\$000)	2,220	2,472	2,766	2,782	2,568	2,837
Workyears	30.9	33.9	33.6	33.6	33.6	33.6

Notes:

^a"Stabilized" means that the mental health needs of the client are addressed and the client is not a risk to him/herself or others.

^bTelephone results for previous years are not available since there was no computer program to collect the data after Y2K changes. A new phone system with this capability was installed in July 2003.

^cTriage and Evaluation clients are stabilized when they do not require involuntary hospitalization at discharge. The Program seeks to provide services such that clients do not need involuntary or voluntary hospitalization at discharge and can function satisfactorily in the community with only outpatient services. However, it is difficult to collect data to determine the success rate of this effort. The "not readmitted" measure will not be used in the future since it is a not reliable indicator of the need for future psychiatric services.

^dData for all the "TBD" entries have been entered into the data system, but the necessary reporting capabilities are still being developed.

EXPLANATION:

The Crisis Center responds to a range of crisis situations with an array of strategies including crisis telephone services, walk-in services, and the Mobile Crisis Team. Psychiatric Stabilization Services allow mentally ill individuals immediate access to evaluation, medication, and monitoring until they can access the Public Mental Health System. The Mobile Crisis Team (MCT) provides emergency mental health services to individuals at any location in the community to stabilize the situation with the least restrictive method possible.

The Crisis Center also provides Critical Incident Stress Management (CISM) which offers groups who have experienced a traumatic incident a forum in which to discuss their reactions, be educated about the signs and symptoms of stress, and learn how to connect with additional services if necessary. The purpose of CISM is to assure that individuals recover optimally and avoid problems such as post traumatic stress disorder, anxiety, or depression. Incidents that may require CISM include train accidents, murders, suicides, or terrorist activities. The CISM response may be provided at the site of a traumatic situation and may include working with family members and on-lookers.

The Crisis Center is currently working on several initiatives related to disaster mental health with the Mental Health Association of Montgomery County (MHA) and the Montgomery County Public Schools (MCPS). One example is the Volunteer Corps of Montgomery County, which provides mental health professionals to respond to disaster situations. This initiative received the National Association of Counties 2004 Acts of Caring Award. A memorandum of understanding was implemented between the Department of Health and Human Services, MHA, and MCPS allowing for the sharing of mental health assets during critical incidents or disasters.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Mental Health Association of Montgomery County, Springfield Hospital Center, Montgomery General Hospital, Washington Adventist Hospital, Shady Grove Adventist Hospital, Holy Cross Hospital, Suburban Hospital, Charter Potomac Ridge Hospital, community residences, Coalition for the Homeless, Progress Place, Community Clinic, Community Ministries of Rockville, Community Ministry of Montgomery County, Montgomery County Police Department, community-based outpatient mental health clinics, Abused Persons Program, Victims Assistance and Sexual Assault Program, Addiction Services Coordination.

MAJOR RELATED PLANS AND GUIDELINES: Mental Health Strategic Plan.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Victim Assistance and Sexual Assault Services	PROGRAM ELEMENT: Adult Crime Victim Counseling Services
--	---

PROGRAM MISSION:

To provide a comprehensive array of services to victims of sexual assault and other crimes to assist them in overcoming trauma and maintaining safety

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of adult victims of crime receiving counseling services that show a decrease in symptoms ^a	89	79	83	85	85	84
Service Quality:						
Percentage of appointment cancellations	12.9	14.5	15.0	13.0	14.0	14.0
Percentage of client appointment "no shows"	6.3	6.3	6.0	6.0	5.7	6.0
Efficiency:						
Average cost per ongoing adult crime victim case (\$)	529	619	559	616	438	655
Workload/Outputs:						
Number of new adult crime victim cases	485	550	584	490	575	500
Total number of adult crime victim cases	1,469	1,453	1,710	1,470	1,945	1,500
Inputs:						
Expenditures (\$000) ^b	777	899	955	906	852	982
Workyears	9.0	9.0	9.0	9.0	9.0	9.5

Notes:

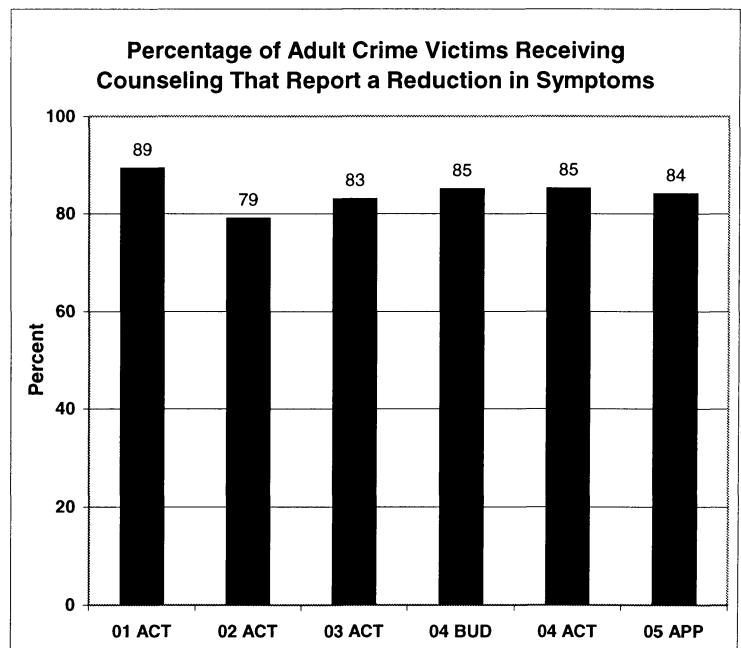
^aAs reported by the client using the Post Traumatic Stress Disorder Checklist.

^bExpenditures include additional grant-funded administrative support beginning in FY02.

EXPLANATION:

The Victim Assistance and Sexual Assault Program (VASAP) provides services which include ongoing counseling and victim assistance for adult victims of rape and general crime. Crime victims benefit from services that assist them in understanding and using the criminal justice system and resolving the trauma caused by the violence they have experienced. Many victims experience longer term emotional and behavioral distress which ongoing counseling alleviates by providing a supportive setting in which to resolve grief and anger caused by victimization, to develop an appropriate sense of the meaning of the experience, and to learn new skills to maintain safety. Individuals receiving VASAP group and individual counseling in addition to victim assistance services report a reduction in this distress.

In FY04, the number of new adult crime victims served was 575, which was consistent with the previous year. The total number of adult crime victims served climbed to nearly 2,000. Additionally, 85% of the adults seen in counseling demonstrated a reduction in symptoms related to their crime victimization. Service quality, as measured by cancellations and "no shows" for appointments, improved slightly over the previous years.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Crisis Center, Abused Persons Program, Public Health/STD Clinic, Montgomery County Police, School Health Services, Maryland-National Capital Park and Planning Commission Park Police, State's Attorney's Office, Montgomery County Public Schools, Circuit and District Courts, hospitals, Maryland Department of Human Resources, Governor's Office of Crime Control and Prevention, Maryland Coalition Against Sexual Assault.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.02, Article 88A, Social Services Administration, Section 130; COMAR 10.12.02.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Victim Assistance and Sexual Assault Services

PROGRAM ELEMENT:

Child and Adolescent Crime Victim Counseling Services

PROGRAM MISSION:

To provide counseling services to assist child and adolescent victims of sexual assault and other crimes in overcoming trauma and maintaining safety

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
--	----------------	----------------	----------------	----------------	----------------	------------------

Outcomes/Results:

Percentage of child crime victims counseled that show a decrease in symptoms ^a	NA	NA	71	50	78	50
---	----	----	----	----	----	----

Service Quality:

Percentage of appointments canceled	NA	NA	11	17	11	17
Percentage of client appointment "no shows"	NA	NA	5	6	6	6

Efficiency:

Average cost per ongoing child crime victim case (\$)	589	1,013	798	636	649	818
---	-----	-------	-----	-----	-----	-----

Workload/Outputs:

Number of new child crime victim cases	227	194	216	220	204	200
Total number of child crime victim cases	772	507	684	770	750	650

Inputs:

Expenditures (\$000)	455	514	546	489	487	532
Workyears	5.5	5.5	5.5	5.5	5.5	5.5

Notes:

^aData are collected by the child's completion of the Traumatic Events Scale.

EXPLANATION:

The Victim Assistance and Sexual Assault Program (VASAP) provides services that include ongoing counseling and victim assistance for child and adolescent victims of rape and general crime. Children and adolescent crime victims and their families benefit from services that assist them in understanding and using the criminal justice system and resolving the trauma caused by the violence they have experienced. Children and their families are offered a variety of interventions such as play therapy, individual and family counseling, as well as psycho-educational groups in a supportive setting to help them resolve grief and anger caused by victimization, to develop an appropriate sense of the meaning of the experience, and to learn new skills to maintain safety. Crime victims receiving VASAP group and individual counseling in addition to victim assistance services report a reduction in distress.

In FY04, 750 child crime victims were served. Of these, 78% reported a decrease in symptoms, which is higher than the percentage in FY03. The program served 66 more ongoing child cases than it did in FY03. Service quality, as measured by cancellations and no shows, has remained consistent for FY04.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Crisis Center, Abused Persons Program, Public Health/STD Clinic, School Health Services, Montgomery County Police, Maryland-National Capital Park and Planning Commission Park Police, State's Attorney's Office, Montgomery County Public Schools, Circuit and District Courts, hospitals, Maryland Department of Human Resources, Governor's Office of Crime Control and Prevention, Maryland Coalition Against Sexual Assault.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.02, Article 88A, Social Services Administration, Section 130; COMAR 10.12.02.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Victim Assistance and Sexual Assault Services

PROGRAM ELEMENT:

Community Education, Outreach, and Prevention

PROGRAM MISSION:

To increase the safety of Montgomery County residents by increasing public awareness of sexual assault and general crime, and of the available services and interventions for addressing them, with primary emphasis on children and adolescents, and disabled and Spanish-speaking women

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY04 ACTUAL	FY05 APPROVED
Outcomes/Results:						
Percentage of presentation participants reporting satisfactory knowledge of prevention ^a	NA	93	94	95	93	95
Service Quality:						
Percentage of participants rating presentation as good or excellent	NA	87	88	85	86	88
Efficiency:						
Average cost per presentation (\$)	132	163	^b 279	258	140	236
Average cost per participant (\$)	3.71	5.46	^b 9.11	7.32	5.90	8.01
Workload/Outputs:						
Number of presentations	355	338	349	360	371	220
Number of participants	12,654	10,073	10,695	12,700	8,819	6,490
Inputs:						
Expenditures (\$000)	47	55	^b 97	93	^c 52	^c 52
Workyears	0.6	0.6	0.6	0.6	0.6	0.6

Notes:

^aAs reported on the Sexual Assault Myths and Facts test.

^bCommunity Outreach contract included beginning in FY03.

^cFunding reduced due to loss of Federal grant for Federal fiscal year 2004. Also includes a reduction in County funds for contracted services in FY05.

EXPLANATION:

The Victim Assistance and Sexual Assault Program (VASAP) provides comprehensive services to sexual assault and general crime victims. A primary function of a rape crisis/general crime victim community education, outreach, and prevention program is to educate the public on sexual assault myths and facts as well as general crime prevention.

While such education is available to all community members, VASAP has targeted specific populations as high priorities. Children and especially adolescents are often at risk for sexual assault or exploitation and are in need of information about how to protect themselves. In addition, disabled women and Spanish-speaking women have been identified by VASAP as being underserved and in need of special outreach by community educators. In FY04, funding for outreach to these underserved populations was reduced, and outreach to disabled women and Spanish-speaking women was discontinued. Funding was also reduced significantly for presentations to children and adolescents. Therefore, the number of participants served declined from the prior year. Despite the decrease in funding, VASAP was able to offer excellent service to those it did reach, with both outcomes and service quality remaining high.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Crisis Center, Abused Persons Program, Public Health/STD Clinic, School Health Services, Montgomery County Police, Maryland-National Capital Park and Planning Commission Park Police, State's Attorney's Office, Montgomery County Public Schools, Circuit and District Courts, hospitals, Maryland Department of Human Resources, Governor's Office of Crime Control and Prevention, Maryland Coalition Against Sexual Assault.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.02, Article 88A, Social Services Administration, Section 130; COMAR 10.12.02.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:
Victim Assistance and Sexual Assault Services

PROGRAM ELEMENT:
Victim Assistance Services

PROGRAM MISSION:

To restore victims of sexual assault and other crimes to their pre-crime level of functioning by providing assistance in understanding and using the criminal justice system and in mitigating the financial impact of losses due to crime

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES

FY01 FY02 FY03 FY04 FY04 FY05
ACTUAL ACTUAL ACTUAL BUDGET ACTUAL APPROVED

Outcomes/Results:

Percentage of victims of crime receiving victim assistance services that report receiving effective/valuable services ^a	NA	NA	92	75	96	75
Percentage of crime victim losses mitigated by the County's Compensation Fund	NA	19	25	20	21	20

Service Quality:

Percentage of victims of crime receiving victim assistance services that report being satisfied with those services ^a	NA	NA	100	75	100	75
--	----	----	-----	----	-----	----

Efficiency:

Average cost per crime victim receiving victim assistance services (\$)	NA	389	470	430	574	531
---	----	-----	-----	-----	-----	-----

Workload/Outputs:

Number of crime victims that received victim services	NA	942	830	950	759	900
Crime Victim Compensation Fund cases	84	82	102	80	85	80

Inputs:

Program expenditures (\$000)	NA	366	390	410	436	478
County Victim Compensation Fund expenditures (\$000)	NA	82	90	78	82	78
Workyears	NA	4.0	4.0	4.0	4.0	4.0

Notes:

^aAs reported by the victim using the Victim Assistance Evaluation form.

EXPLANATION:

The Victim Assistance and Sexual Assault Program (VASAP) provides a comprehensive array of services which include ongoing counseling and victim assistance for victims of rape and general crime. Crime victims receive help in understanding and using the criminal justice system and in resolving the trauma caused by the violence they have experienced. When victims are witnesses for the State, "Victim Assistants" can accompany the victim through the Court process. In consultation with the State's Attorney's Office, Victim Assistants can advocate for cases to be moved, when appropriate, from the District to the Circuit Court - thus assuring a more serious penalty for a convicted felon. Victims with lower income can receive financial assistance through the County's Victim Compensation Fund and/or through the State's Criminal Injuries Compensation Board. Compensation can pay related medical bills, property repair, lost wages, and funeral expenses - thus mitigating the profound financial impact of the crime. However, these funds cover only a small portion of the concrete damages crime victims incur.

In FY04, 759 crime victims received Victim Assistance services. Due to retirements of victim assistance staff during this fiscal year, fewer clients were served than in FY03. In FY04, 96% of victims reported that services were effective and valuable, which is a somewhat higher percentage than during FY03. Service quality, as measured by client satisfaction, also remains very high at 100%.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Crisis Center, Abused Persons Program, Public Health/STD Clinic, School Health Services, Montgomery County Police, Maryland-National Capital Park and Planning Commission Park Police, State's Attorney's Office, Montgomery County Public Schools, Circuit and District Courts, hospitals, Department of Human Resources, Governor's Office of Crime Control and Prevention, Maryland Coalition Against Sexual Assault.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.12.02; 07.06.02 Article 88A, Social Services Administration, Section 130.